

Report of Contributions and Expenditures For State School Board Candidates and Officeholders

(Utah Code Section 20A-11)

Name of Candidate or Officeholder		
Street Address and Apartment Number	City	State Zip Code
Office Seeking District Number State School Board	Area Code & Phone Number	Area Code & Fax Numb
	e of Report (the appropriate box)	
INTERIM REPORTS: September 15 (Required by all candidates opposed at General Ele Seven days before a General Election (Required by all candidates) YEAR-END REPORT: January 5 of odd numbered years (Required by all candidates and officeholders)	candidates and of the close campaig	(Required by all ficeholders as soon as
I,Print Name	ort Verification of Candidate or Officeholder of Contributions and Expendiorrect to the best of my knowle	
Signature of Candida	ite or Officeholder	Date
To File this Form Mail or deliver to Utah Elections Office Utah State Capitol Complex East Office Building, Suite E325 Salt Lake City, UT 84114-2325 Fax (801) 538-1133 For More Information Contact the Elections Office (801) 538-1041 1-800-995-VOTE (8683)	EnteredCopied	

elections@utah.gov

Date Received

Page	of
Candidate or Office	cholder's Last Name
Date of Report	

Summary Page (Complete this page after filling out Schedule A and Schedule B)

		Column A Total this Period	Column B Year-to-Date Total	
С	CONTRIBUTIONS RECEIVED			
1	TOTAL CONTRIBUTIONS RECEIVED (See Schedule A)			
E	EXPENDITURES MADE			
2	TOTAL EXPENDITURES MADE (See Schedule B)			
BALANCE SUMMARY				
3	Balance at Beginning of Reporting Period		Refer to Line 7 on	your last report
4	Total Contributions Received (From Line 1 Column A)			
5	Subtotal (Add Lines 3and 4)			
6	Total Expenditures Made (From Line 2 Column A)			
7	Balance at Close of Reporting Period (Subtract Line 6 from Line 5)			

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1 1150	01	
Candidate or Officeholder's Last Name		
Date of Report		
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Schedule A

Itemized Contributions Received

Date Received	Name of Contributor	Complete Mailing Address	Amount of Contribution
UBTOTAL F	FOR THIS PAGE		
OTAL CON	TRIBUTIONS RECEIVED (So	um of subtotals from all Schedule A pages)	

Page	of
Candidate or Office	cholder's Last Name
Date of Report	

Schedule B

Itemized Expenditures Made

Date of Expenditure	Name of Recipient	Purpose	Amount of Expenditure
SUBTOTAL FOR THIS PAGE			
TOTAL EXPENDITUTRES MADE (Sum of subtotals from all Schedule B pages)			